Instructions for Preparation of the Tennessee Medical Malpractice Reporting Form for Facilities and Providers for the Reporting Period of January 1, 2008 through December 31, 2008

Reporting Entity

To determine whether an individual, company or other entity qualifies as a "reporting entity" under the law, please refer to the Tennessee Medical Malpractice Reporting Act (the Act), Tenn. Code Ann. §§ 56-54-101, *et seq.*

Tenn. Code Ann. §§ 56-54-101, *et seq.,* may be viewed by entering the statute number in the "Search" box at the following web address:

http://www.michie.com/tennessee/lpext.dll?f=templates&fn=main-h.htm&cp=tncode

Submit Claims Information

All entities who have claims information to report must compile the data on the 2008 reporting form prescribed by the Department. The Tennessee Medical Malpractice Reporting Form for Facilities and Providers ("reporting form") can be found at the Department's website at www.state.tn.us/commerce/insurance/medExpRpt.html. The completed and compliant reporting form must be submitted on compact disk ("CD"). The reporting entity name must be clearly marked on the CD. Please be assured that the report shall not identify any individual entity or health care provider pursuant to Tenn. Code Ann. § 56-54-111.

The CD containing a complete and compliant report must be received at the aforementioned address on or before March 2, 2009.

Information and Guidelines for the 2008 Reporting Form due March 2, 2009:

- The reporting form is a Microsoft Excel workbook that contains two (2) separate worksheets for pending and closed claims. It is essential that the reporting entity use the appropriate worksheet to report all claims.
- A separate reporting form must be submitted for each individual reporting entity in the format prescribed by the Commissioner. Group reporting cannot be accepted.
- Reporting entities must complete the contact information at the top of the reporting form. This portion of the reporting form includes shaded areas. Successful insertion of the required information automatically removes the shading. This information is required to confirm compliance with the Act.

- Instructions have been embedded within the reporting form. To view the instructions for filling out the form, hold the cursor over the first row under each column heading. These instructions explain the correct formatting and type of data required. In some instances if the reporting entity attempts to include information in a format other than the established format, an error message will occur.
- The reporting form will expand to include additional rows as needed to accommodate the number of claims to be reported.
- All data submitted in the reporting form must be submitted on a CD in the form prescribed by the Commissioner. Reporting entities must use the updated form dated 2008. If any other form is used, it will be rejected. Rejected submissions will cause the reporting entity to be in non-compliance, and penalties set forth in the Act may apply.
- The reporting form shall contain information identifying those claims that have been subject to settlement, judgment, or alternative dispute resolution which were contained in a prior report as a pending claim.
- The reporting form shall contain the name and mailing address of the claimant's attorney. This must be the name of the individual attorney, not the name of the law firm. If there was more than one (1) attorney who worked on the claim, a separate Excel spreadsheet should be provided identifying the claim number and each claimant attorney's name and mailing address who worked on that claim.
- No column requiring information other than currency data should be left blank by the reporting entity; instead, enter "unk" for unknown, "NA" for not applicable, or "none", as appropriate.
- Any column requiring currency data which is left blank will be assumed to be zero (0).
- The Department expects reporting entities to use due diligence to discern the facts required to be reported.
- All data located in columns should be in alpha-numeric format unless otherwise stated. When using numeric data, only regular decimal formats should be used. No compressed or binary (small or larger integer) data will be accepted as valid.
- All licensed healthcare providers and facilities have a license number issued by the Tennessee Department of Health (DOH) or by the Tennessee Department of Mental Health & Development Disabilities (TDMHDD). The DOH license number should be expressed numerically without any other characters [e.g.-- hyphens (-)] or spaces within the license number. To verify a DOH license number for a facility, please visit the DOH website at http://health.state.tn.us/HCF/Facilities_Listings/facilities.htm. To verify a license number for a provider, please visit the DOH website at http://health.state.tn.us/licensure/index.htm. To verify if a TDMHHD facility is licensed, please visit the TDMHDD website at https://mhddapps.state.tn.us/Licensure/Inquiry.aspx?RPT=TDMHDD%20License%20Inquiry. If licensed by TDMHDD the word "yes" should be entered in this field. If the facility or provider is not required to have a DOH or TDMHHD license, enter not applicable as "NA" in this field.
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COLUMN HEADING	DESCRIPTION OF DATA SOUGHT	TECHNICAL FORMATING OF DATA SOUGHT
Pending Claims Spreadsheet	This should contain information for pending claims that have been made known to the reporting entity either by a lawsuit or by other means. This should not include information on claims that have been paid pursuant to a settlement, judgment or alternative dispute resolution.	
Closed Claims Spreadsheet	This should contain information for claims that have been settled or otherwise disposed of by the reporting entity, including claims that were settled or adjudicated with the condition of open medical treatment for the claimant. A claim may be closed with or without an indemnity payment.	
Entity Name	This should be the name of the reporting entity defined by the Act as responsible for reporting.	Data shall be in alpha-numeric format and reflect the name of the reporting entity as found in the entity's licensure materials (e.g. – insurance company's certificate of authority).
Entity Address 1	This should be the address of the reporting entity	Data shall be in alpha-numeric format and reflect the home office address of the reporting entity.
Entity Address 2	This field may be used if the address of the reporting entity is more than one (1) line, but may be left blank if the address of the reporting entity is only one (1) line.	Data shall be in alpha-numeric format and reflect the home office address of the reporting entity.
Entity Address City	This should be the address city of the reporting entity.	Data shall be in alpha-numeric format and reflect the home office address city of the reporting entity.
Entity Address State	This should be the address state of the reporting entity.	Data shall be in alpha-numeric format and reflect the home office address state of the reporting

		entity. The address state shall be two (2) capitalized characters conforming to the United States Postal Service's state abbreviations conventions.
Entity Address Zip Code	This should be the address zip code of the reporting entity	Data shall be in numeric format and reflect the home office address zip code of the reporting entity. This field shall be presented as a five (5) digit numeral. If known, the five (5) digit zip code may be followed by the United States Postal Service's "+4" code, in which case the sixth character must be a plus sign (+), with the seventh, eighth, ninth and tenth characters being numerals.
Contact Person's Name and Company, if different than Entity Name	This should be the name of a contact person representing the reporting entity or submitting the information on behalf of the reporting entity. If the company name is different from the entity name, it should also be entered here.	Data shall be in alpha-numeric format, with the first name of the contact person stated first, followed by a space, followed by the last name of the contact person; followed by a comma (,) and the contact person's company name if different from the entity name.
Contact Telephone Number & Extension	This should be the telephone number of a contact person	Data shall be entered in alpha-numeric format. The ten (10) digit telephone number should be entered with numerals and no spaces, hyphens (-) or parenthesis (). The ten (10) digits include the three (3) numbers for the area code, and seven (7) digit phone number. If there is an extension number, enter up to a maximum of six (6) alpha-numeric characters, where indicated.
Contact Electronic Mail Address	This should be the electronic mail address of a contact person.	Data shall be in alpha-numeric format and reflect the full electronic mail address of the reporting entity contact person.
(1) Claim and Incident Identifier	This should be the identifier assigned to the claim and incident if companion claims	Data shall be in alpha-numeric format and as found in the reporting entity's records.

	by a claimant have been made against multiple defendants.	
(2) Type of Health Care Provider	This should list the type of health care provider against whom the claim was made.	Data shall be chosen from a listing of health care provider options found on the commissioner's form.
(3) Health Care Provider Specialty	This should list the medical specialty of the health care provider against whom the claim was made.	Data shall be chosen from a listing of health care provider specialty options found on the commissioner's form.
(4) Provider or Facility License Number	This should be the health care provider's or facility's license, certificate or registration number if licensed by DOH. If licensed by TDMHDD, this should be entered as "yes". If not required to be licensed by either department, enter "NA".	Data shall be presented in the format of the entire license number expressed numerically without any other characters [e.g. – hyphen (-)] or spaces. Data for a TDMHDD license should be entered as "yes". If no license is required by DOH or TDMHDD, enter "NA".
(5) Date of Incident	This should be the date on which the incident occurred that was the proximate cause of the medical malpractice claim.	Data shall be in Gregorian USA format with a four (4) digit year (MM/DD/YYYY). This means a two (2) digit month (with leading zeros when necessary), a slash (/), a two (2) digit day (with leading zeros when necessary), a slash (/), and a four (4) digit year.
(6) Type of Claim (Allegation Group)	This should be the reason for the medical malpractice claim. The reporting entity must use the same allegation group that is used for mandatory reporting to the National Practitioner Data Bank.	Data shall be chosen from a listing of allegation group options found on the commissioner's form.
(7) Type of Claim (Specific Allegation Code)	This should be the reason for the medical malpractice claim. The reporting entity must use the same specific allegation code that is used for mandatory reporting to the National Practitioner Data Bank.	Data shall be chosen from a listing of specific allegation code options found on the commissioner's form.
(8) Health Care Facility Type	This should be the type of health care facility where the medical malpractice incident occurred.	Data shall be chosen from a listing of health care facility options found on the commissioner's form.
(9)	This should be the primary	Data shall be in alpha-numeric

Health Care Facility Location	location within a facility where the medical malpractice incident occurred.	format and reflect the primary location within a facility where the medical malpractice incident occurred [e.g. – operating room].
(10) Incident Location City	This should be the address city of the location where the medical malpractice incident occurred.	Data shall be in alpha format and reflect the address city where the medical malpractice incident occurred.
(11) Incident Location County	This should be the address county of the location where the medical malpractice incident occurred.	Data shall be chosen from a listing of Tennessee county options found on the commissioner's form.
(12) Date of Notice	This should be the date on which notice was provided to the insuring entity, self-insurer, facility or provider.	Data shall be in Gregorian USA format with a four (4) digit year (MM/DD/YYYY). This means a two (2) digit month (with leading zeros when necessary), a slash (/), a two (2) digit day (with leading zeros when necessary), a slash (/), and a four (4) digit year.
(13) Claimant's Social Security Number	This should be the Social Security Number held by the person making the claim.	Data shall be entered in numeric format without any hyphens (-) or spaces.
(14) Injured Person's Sex	This should be the gender of the injured person.	Data shall be chosen from a list provided on the commissioner's form and the response is either "male" or "female".
(15) Injured Person's Age	This should be the age of the injured person on the date of the incident.	Data shall be presented as a numeral and should reflect the age of the injured person as of the date of the incident.
(16) Severity of Malpractice Injury	This should be the severity of the malpractice injury using the National Practitioner Data Bank severity scale.	Data shall be chosen from a listing of severity codes found on the commissioner's form.
(17) Policy Limits	This should be the policy limits of the medical professional liability insurance policy covering the claim.	Data shall be presented as currency data in units of U.S. dollars rounded to the nearest whole dollar amount.
(18) Asserted Damages (other than set forth in lawsuit)	This should include an amount that has been asserted against a reporting entity in a manner other than by filing a lawsuit.	Data shall be presented as currency data in units of U.S. dollars rounded to the nearest whole dollar amount. If data is entered in this column, no data should be entered in the column titled "Damages Claimed by

		Lawsuit".
(19) Damages Claimed by Lawsuit	This should include the amount of damages asserted against a reporting entity in a lawsuit.	Data shall be presented as currency data in units of U.S. dollars rounded to the nearest whole dollar amount. If data is entered in this column, no data should be entered in the column titled "Asserted Damages (other than set forth in lawsuit)".
(20) Date Lawsuit was Filed	This should be the date that any lawsuit was filed asserting damages against a reporting entity.	Data shall be in Gregorian USA format with a four (4) digit year (MM/DD/YYYY). This means a two (2) digit month (with leading zeros when necessary), a slash (/), a two (2) digit day (with leading zeros when necessary), a slash (/), and a four (4) digit year. Data should be entered in this column only if data is also entered in the column titled "Damages Claimed by Lawsuit".
(21) Was there a judgment?	This should reflect whether or not the claim was adjudicated.	Data will be chosen from a list provided on the commissioner's form and the response is either "yes" or "no".
(22) If there was a judgment, who was the judgment in favor of?	This should reflect for whom the judge or jury ruled in favor.	Data will be chosen from a list provided on the commissioner's form and the response is either "plaintiff" or "defendant". This column should be left blank if there was no judgment.
(23) Judgment by Out of State Court	This should indicate whether or not the judgment was entered by an out-of-state court.	Data will be chosen from a list provided on the commissioner's form and the response is either "yes" or "no".
(24) Date of Judgment (if any)	This should be the date the judgment was entered by the judge.	Data shall be in Gregorian USA format with a four (4) digit year (MM/DD/YYYY). This means a two (2) digit month (with leading zeros when necessary), a slash (/), a two (2) digit day (with leading zeros when necessary), a slash (/), and a four (4) digit year.
(25) Did Settlement Occur Prior to	This should state whether the settlement was reached before or after the date of the trial.	Data shall be chosen from a listing of "yes" or "no" options found on the commissioner's

Trial?		form.
(26) Date of Final Indemnity (if applicable)	This should be the date in which the insuring entity, self-insurer, facility or provider made its final payment to the injured person.	Data shall be in Gregorian USA format with a four (4) digit year (MM/DD/YYYY). This means a two (2) digit month (with leading zeros when necessary), a slash (/), a two (2) digit day (with leading zeros when necessary), a slash (/), and a four (4) digit year.
(27, Closed) Date Claim Was Closed	This should be the date in which final action was taken by insuring entity, self-insurer, facility or provider to close the claim.	Data shall be in Gregorian USA format with a four (4) digit year (MM/DD/YYYY). This means a two (2) digit month (with leading zeros when necessary), a slash (/), a two (2) digit day (with leading zeros when necessary), a slash (/), and a four (4) digit year.
(27, Pending – 28, Closed) Amount Paid by Settlement in 2008	This should include the total amount paid, including any deductible amount, during 2008 pursuant to a settlement between the injured person and the insuring entity, self-insurer, facility or provider. If there is more than one (1) defendant, this should include only the total indemnity paid by or on behalf of this defendant.	Data shall be presented as currency in units of U.S. dollars rounded to the nearest whole dollar amount. If data is entered in this column, no data should be entered in the column titled "Amount Paid By Judgment" or "Amount Paid By ADR".
(28, Pending – 29, Closed) Economic Damages Paid Pursuant to Settlement During 2008	This should include the reporting entity's best estimate of the amount of economic damages included in the settlement and paid in 2008.	Data shall be presented as currency in units of U.S. dollars rounded to the nearest whole dollar amount.
(29, Pending – 30, Closed) Non-Economic Damages Paid Pursuant to Settlement During 2008	This should include the reporting entity's best estimate of the amount of non-economic damages included in the settlement and paid in 2008.	Data shall be presented as currency in units of U.S. dollars rounded to the nearest whole dollar amount.
(30, Pending – 31, Closed) Punitive Damages Paid Pursuant to	This should include the reporting entity's best estimate of the amount of punitive damages included in the	Data shall be presented as currency in units of U.S. dollars rounded to the nearest whole dollar amount.

Settlement During 2008	settlement and paid in 2008.	
(31, Pending – 32 - Closed) Amount Paid by Judgment in 2008	This should include the total amount paid, including any deductible amount, during 2008 pursuant to a judgment against the insuring entity, self-insurer, facility or provider. If there is more than one (1) defendant, this should include only the total indemnity paid by or on behalf of this defendant.	Data shall be presented as currency in units of U.S. dollars rounded to the nearest whole dollar amount. If data is entered in this column, no data should be entered in the column titled "Amount Paid by Settlement" or "Amount Paid Pursuant to (ADR)".
(32, Pending – 33, Closed) Economic Damages Paid Pursuant to Judgment During 2008	This should include the amount of the judgment that was identified as economic damages and paid in 2008.	Data shall be presented as currency in units of U.S. dollars rounded to the nearest whole dollar amount.
(33, Pending – 34, Closed) Non-Economic Damages Paid Pursuant to Judgment During 2008	This should include the amount of the judgment that was identified as non-economic damages and paid in 2008.	Data shall be presented as currency in units of U.S. dollars rounded to the nearest whole dollar amount.
(34, Pending – 35, Closed) Punitive Damages Paid Pursuant to Judgment During 2008	This should include the amount of the judgment that was identified as punitive damages and paid in 2008.	Data shall be presented as currency in units of U.S. dollars rounded to the nearest whole dollar amount.
(35, Pending – 36, Closed) Amount Paid Pursuant to Alternative Dispute Resolution (ADR) in 2008	This should include the total amount paid, including any deductible amount, during 2008 pursuant to an alternative dispute resolution between the injured person and the insuring entity, self-insurer, facility or provider. If there is more than one (1) defendant, this should include only the total indemnity paid by or on behalf of this defendant.	Data shall be presented as currency in units of U.S. dollars rounded to the nearest whole dollar amount. If data is entered in this column, no data should be entered in the column titled "Amount Paid By Judgment" or "Amount Paid By Settlement".
(36, Pending –	This should include the	Data shall be presented as

37, Closed) Economic Damages Paid Pursuant to ADR During 2008	reporting entity's best estimate of the amount of economic damages included in the ADR and paid in 2008.	currency in units of U.S. dollars rounded to the nearest whole dollar amount.
(37, Pending – 38, Closed) Non-Economic Damages Paid Pursuant to ADR During 2008	This should include the reporting entity's best estimate of the amount of non-economic damages included in the ADR and paid in 2008.	Data shall be presented as currency in units of U.S. dollars rounded to the nearest whole dollar amount.
(38, Pending – 39, Closed) Punitive Damages Paid Pursuant to ADR During 2008	This should include the reporting entity's best estimate of the amount of punitive damages included in the ADR and paid in 2008.	Data shall be presented as currency in units of U.S. dollars rounded to the nearest whole dollar amount.
(39, Pending – 40, Closed) Attorney Fees Paid to Defense Counsel During 2008	This should include the amount that was paid during 2008 to defend the medical malpractice claim. This should not include the expense related to expert witness fees, court costs, deposition costs, and other legal expenses	Data shall be presented as currency in units of U.S. dollars rounded to the nearest whole dollar amount.
(40, Pending – 41, Closed) Expert Witness Fees Paid in Defense of Claim During 2008	This should include the expert witness fees that were paid during 2008 by the reporting entity.	Data shall be presented as currency in units of U.S. dollars rounded to the nearest whole dollar amount.
(41, Pending – 42, Closed) Court Costs Paid in Defense of Claim During 2008	This should include the court costs that were paid during 2008 by the reporting entity.	Data shall be presented as currency in units of U.S. dollars rounded to the nearest whole dollar amount.
(42, Pending – 43, Closed) Deposition Cost Paid in Defense of Claim During 2008	This should include the deposition costs that were paid during 2008 by the reporting entity.	Data shall be presented as currency in units of U.S. dollars rounded to the nearest whole dollar amount.
(43, Pending – 44, Closed) Other Legal Fees and/or Defense Costs Paid During 2008	This should include any other legal fees or defense costs not specifically identified that were paid during 2008 by the reporting entity.	Data shall be presented as currency in units of U.S. dollars rounded to the nearest whole dollar amount.

(44, Pending – 45, Closed) Cumulative Amount Paid by Settlement From Claim Inception Date thru 2008	This should include the total amount paid, including any deductible amount, pursuant to a settlement between the claimant and reporting entity from the inception date of the claim through December 31, 2008. This amount includes any 2008 payments. If there is more than one (1) defendant, this should include only the total indemnity paid by or on behalf of this defendant.	Data shall be presented as currency in units of U.S. dollars rounded to the nearest whole dollar amount. This amount should be equal to or greater than the amount entered in the column titled "Amount Paid by Settlement in 2008". If data is entered in this column, no data should be entered in the column titled "Cumulative Amount Paid By Judgment" or "Cumulative Amount Paid by ADR".
(45, Pending – 46, Closed) Cumulative Economic Damages Paid Pursuant to Settlement From Claim Inception Date thru 2008	This should include the reporting entity's best estimate of the amount of economic damages included in the settlement and paid from the inception date of the claim through December 31, 2008. This amount includes any 2008 payments.	Data shall be presented as currency in units of U.S. dollars rounded to the nearest whole dollar amount. This amount should be equal to or greater than the amount entered in the column titled "Economic Damages Paid Pursuant to Settlement During 2008".
(46, Pending – 47, Closed) Cumulative Non-Economic Damages Paid Pursuant to Settlement From Claim Inception Date thru 2008	This should include the reporting entity's best estimate of the amount of non-economic damages included in the settlement and paid from the inception date of the claim through December 31, 2008. This amount includes any 2008 payments.	Data shall be presented as currency in units of U.S. dollars rounded to the nearest whole dollar amount. This amount should be equal to or greater than the amount entered in the column titled "Non-Economic Damages Paid Pursuant to Settlement During 2008".
(47, Pending – 48, Closed) Cumulative Punitive Damages Paid Pursuant to Settlement From Claim Inception Date thru 2008	This should include the reporting entity's best estimate of the amount of punitive damages included in the settlement and paid from the inception date of the claim through December 31, 2008. This amount includes any 2008 payments.	Data shall be presented as currency in units of U.S. dollars rounded to the nearest whole dollar amount. This amount should be equal to or greater than the amount entered in the column titled "Punitive Damages Paid Pursuant to Settlement During 2008".
(48, Pending – 49, Closed) Cumulative Amount Paid by Judgment From Claim Inception	This should include the total amount paid, including any deductible amount, pursuant to a judgment against the reporting entity from the inception date of the claim	Data shall be presented as currency in units of U.S. dollars rounded to the nearest whole dollar amount. This amount should be equal to or greater than the amount entered in the column

Date thru 2008	through December 31, 2008. This amount includes any 2008 payments. If there is more than one (1) defendant, this should include only the total indemnity paid by or on behalf of this defendant.	titled "Amount Paid by Judgment During 2008". If data is entered in this column, no data should be entered in the column titled "Cumulative Amount Paid By Settlement" or "Cumulative Amount Paid By ADR".
(49, Pending – 50, Closed) Cumulative Economic Damages Paid Pursuant to Judgment From Claim Inception Date thru 2008	This should include the total amount of economic damages included in the judgment and paid from the inception date of the claim through December 31, 2008. This amount includes any 2008 payments.	Data shall be presented as currency in units of U.S. dollars rounded to the nearest whole dollar amount. This amount should be equal to or greater than the amount entered in the column titled "Economic Damages Paid Pursuant to Judgment During 2008".
(50, Pending – 51, Closed) Cumulative Non-Economic Damages Paid Pursuant to Judgment From Claim Inception Date thru 2008	This should include the total amount of non-economic damages included in the judgment and paid from the inception date of the claim through December 31, 2008. This amount includes any 2008 payments.	Data shall be presented as currency in units of U.S. dollars rounded to the nearest whole dollar amount. This amount should be equal to or greater than the amount entered in the column titled "Non-Economic Damages Paid Pursuant to Judgment During 2008".
(51, Pending – 52, Closed) Cumulative Punitive Damages Paid Pursuant to Judgment From Claim Inception Date thru 2008	This should include the total amount of punitive damages included in the judgment and paid from the inception date of the claim through December 31, 2008. This amount includes any 2008 payments.	Data shall be presented as currency in units of U.S. dollars rounded to the nearest whole dollar amount. This amount should be equal to or greater than the amount entered in the column titled "Punitive Damages Paid Pursuant to Judgment During 2008".
(52, Pending – 53, Closed) Cumulative Amount Paid by Alternative Dispute Resolution (ADR) From Claim Inception Date thru 2008	This should include the total amount paid, including any deductible amount, pursuant to a ADR between the claimant and reporting entity from the inception date of the claim through December 31, 2008. This amount includes any 2008 payments. If there is more than one (1) defendant, this should include only the total indemnity paid by or on behalf	Data shall be presented as currency in units of U.S. dollars rounded to the nearest whole dollar amount. This amount should be equal to or greater than the amount entered in the column titled "Amount Paid Pursuant to Alternative Dispute Resolution (ADR) During 2008". If data is entered in this column, no data should be entered in the column titled "Cumulative Amount Paid

	of this defendant.	By Judgment" or "Cumulative Amount Paid by Settlement".
(53, Pending – 54, Closed) Cumulative Economic Damages Paid Pursuant to ADR From Claim Inception Date thru 2008	This should include the total amount of economic damages included in the ADR and paid from the inception date of the claim through December 31, 2008. This amount includes any 2008 payments.	Data shall be presented as currency in units of U.S. dollars rounded to the nearest whole dollar amount. This amount should be equal to or greater than the amount entered in the column titled "Economic Damages Paid Pursuant to ADR During 2008".
(54, Pending – 55, Closed) Cumulative Non-Economic Damages Paid Pursuant to ADR From Claim Inception Date thru 2008	This should include the total amount of non-economic damages included in the ADR and paid from the inception date of the claim through December 31, 2008. This amount includes any 2008 payments.	Data shall be presented as currency in units of U.S. dollars rounded to the nearest whole dollar amount. This amount should be equal to or greater than the amount entered in the column titled "Non-Economic Damages Paid Pursuant to ADR During 2008".
(55, Pending – 56, Closed) Cumulative Punitive Damages Paid Pursuant to ADR From Claim Inception Date thru 2008	This should include the total amount of punitive damages included in the ADR and paid from the inception date of the claim through December 31, 2008. This amount includes any 2008 payments.	Data shall be presented as currency in units of U.S. dollars rounded to the nearest whole dollar amount. This amount should be equal to or greater than the amount entered in the column titled "Punitive Damages Paid Pursuant to ADR During 2008".
(56, Pending – 57, Closed) Cumulative Attorney Fees Paid to Defense Counsel From Claim Inception Date thru 2008	This should include the total amount that was paid to defend the medical malpractice claim from the inception date of the claim through December 31, 2008. This amount includes any 2008 payments. This should not include the expense related to expert witness fees, court costs, deposition costs, and other legal expenses	Data shall be presented as currency in units of U.S. dollars rounded to the nearest whole dollar amount. This amount should be equal to or greater than the amount entered in the column titled "Attorney Fees Paid to Defense Counsel During 2008".
(57, Pending – 58, Closed) Cumulative Expert Witness Fees Paid in Defense From Claim Inception Date thru 2008	This should include the total amount of expert witness fees that were paid by the reporting entity from the inception date of the claim through December 31, 2008. This amount includes any 2008 payments.	Data shall be presented as currency in units of U.S. dollars rounded to the nearest whole dollar amount. This amount should be equal to or greater than the amount entered in the column titled "Expert Witness Fees Paid

		in Defense of Claim During 2008".
(58, Pending – 59, Closed) Cumulative Court Costs Paid in Defense From Claim Inception Date thru 2008	This should include the total amount of court costs that were paid by the reporting entity from the inception date of the claim through December 31, 2008. This amount includes any 2008 payments.	Data shall be presented as currency in units of U.S. dollars rounded to the nearest whole dollar amount. This amount should be equal to or greater than the amount entered in the column titled "Court Costs Paid in Defense of Claim During 2008".
(59, Pending – 60, Closed) Cumulative Deposition Costs Paid in Defense From Claim Inception Date thru 2008	This should include the total amount of deposition costs that were paid by the reporting entity from the inception date of the claim through December 31, 2008. This amount includes any 2008 payments.	Data shall be presented as currency in units of U.S. dollars rounded to the nearest whole dollar amount. This amount should be equal to or greater than the amount entered in the column titled "Deposition Cost Paid in Defense of Claim During 2008".
(60, Pending – 61, Closed) Cumulative Other Legal Fees and/or Defense Costs Paid From Claim Inception Date thru 2008	This should include the total amount of other legal fees and/or defense costs that were paid by the reporting entity from the inception date of the claim through December 31, 2008. This amount includes any 2008 payments.	Data shall be presented as currency in units of U.S. dollars rounded to the nearest whole dollar amount. This amount should be equal to or greater than the amount entered in the column titled "Other Legal Fees and/or Defense Costs Paid During 2008".
(61, Pending – 62, Closed) Claimant's Attorney First Name	This should be the first name of the attorney representing the claimant and who received attorney fees for representing the claimant.	Data shall be in alpha-numeric format. If more than one attorney represented the claimant and received fees, a separate Excel worksheet should be prepared identifying the claim number, name and address of the additional attorney(s) in the same name format as presented on the commissioner's form.
(62, Pending – 63, Closed) Claimant's Attorney Middle Name	This should be the middle name of the attorney representing the claimant and who received attorney fees for representing the claimant.	Data shall be in alpha-numeric format. If more than one attorney represented the claimant and received fees, a separate Excel worksheet should be prepared identifying the claim number, name and address of the additional attorney(s) in the same name format as presented on the

		commissioner's form.
(63, Pending – 64, Closed) Claimant's Attorney Last Name	This should be the last name of the attorney representing the claimant and who received attorney fees for representing the claimant.	Data shall be in alpha-numeric format. If more than one attorney represented the claimant and received fees, a separate Excel worksheet should be prepared identifying the claim number, name and address of the additional attorney(s) in the same name format as presented on the commissioner's form.
(64, Pending – 65, Closed) Claimant Attorney's Mailing Address	This should be the complete mailing address of the claimant's attorney.	Data should be entered in alpha-numeric format and reflect the complete mailing address of the claimant's attorney. The first line of the address should be entered first, followed by a comma (,), the second address line, followed by a comma (,), the city, followed by a comma (,), address state (consisting of two (2) capitalized characters conforming to the U. S. Postal Service's state abbreviations conventions), followed by a comma (,), and the zip code (consisting of a five (5) digit numeral and may be followed by the U. S. Postal Service's "+4" code, in which the sixth character must be a hyphen (-) with the seventh, eighth, ninth and tenth characters being numerals).
(65, Pending – 66, Closed) Disclosed on a Previous Years' Pending Claims Spreadsheet?	This should state if a claim has been disclosed on report forms submitted to the State of Tennessee in previous years.	Data will be chosen from a list found on the commissioner's form and the response is either "yes" or "no".

Information Not in the Reporting Entity's Control

If information is not reported because it is not within the control of the reporting entity, the reporting entity should document the action(s) it undertook in an effort to obtain such information and provide such documentation to the Department. The Department expects the reporting entity to use due diligence to discern the facts required to be reported.

Please note that this instruction does not apply to the license existence or license number of the healthcare provider or facility. Such license information is readily accessible on the Tennessee Department of Health or Tennessee Department of Mental Health & Development Disabilities websites as noted above and must be included in the reporting form. Failure to provide such information will cause the reporting entity to be in non-compliance and penalties outlined in the Act may apply.

Penalties

Failure to submit all required information in the reporting form prescribed by the Commissioner on or before the March 2 deadline may subject a reporting entity to the penalties set forth in Tenn. Code Ann. § 56-54-109.

Determining the applicability of the Act is the responsibility of each reporting entity.

Contact Information

A completed and compliant reporting form should be marked "Confidential" and mailed to the address listed below.

Questions should be sent in writing via U.S. Mail, hand delivered, facsimile, or electronic message to the following:

Tennessee Medical Malpractice Reporting
c/o Ms. Jacquie Fortenberry
Tennessee Department of Commerce and Insurance
Insurance Division – Policy Analysis Section
Davy Crockett Tower, Fourth Floor
500 James Robertson Parkway
Nashville, Tennessee 37243-1133
Telephone: (615) 532-5340
Facsimile: (615) 741-0648
Jacquie.Fortenberry@state.tn.us